

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.5em; font-family: cursive;">10/593268</div>		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
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42							92						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.	<div style="font-size: 1.5em; font-family: cursive;">2</div>	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	<div style="font-size: 1.5em; font-family: cursive;">0</div>	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	<div style="font-size: 1.5em; font-family: cursive;">2</div>						TOTAL CLAIMS						